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AMENDMENT TRANSMITTAL LETTER

Docket No.
04305/100M237-US1Application No.
10/698,855-Conf. #9333Filing Date
October 31, 2003Examiner
M. M. TsayArt Unit
1653

Applicant(s): Jens Holm et al.

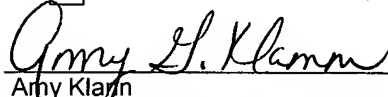
Invention: RECOMBINANT PROTEIN VARIANTS

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	64	- 124 =		x	
Independent Claims	5	- 6 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Submission of an Information Disclosure Statement					180.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					180.00

☒ Large Entity☐ Small Entity☐ No additional fee is required for this amendment.☐ Please charge Deposit Account No. 04-0100 in the amount of \$ _____.
A duplicate copy of this sheet is enclosed.☒ A check in the amount of \$ 180.00 to cover the filing fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge and credit Deposit Account No. 04-0100
as described below. A duplicate copy of this sheet is enclosed.☒ Credit any overpayment.☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

Amy Klarin

Attorney/Agent Reg. No.: 48,155

Dated: April 6, 2006

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PTO/SB/17 (01-06)

Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL For FY 2006		Complete if Known	
		Application Number	10/698,855-Conf. #9333
		Filing Date	October 31, 2003
		First Named Inventor	Jens Holm
		Examiner Name	M. M. Tsay
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Art Unit	1653	
TOTAL AMOUNT OF PAYMENT	(\$) 180.00	Attorney Docket No.	04305/100M237-US1

METHOD OF PAYMENT (check all that apply)

<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input type="checkbox"/> Deposit Account	Deposit Account Number: <u>04-0100</u> Deposit Account Name: <u>Darby & Darby P.C.</u>			
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee			
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments			

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
64	- 124	x	=

HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
5	- 6	x	=

HP = highest number of independent claims paid for, if greater than 3.

<u>Multiple Dependent Claims</u>
<u>Fee (\$)</u> <u>Fee Paid (\$)</u>

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/50	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00

SUBMITTED BY			
Signature	<i>Amy G. Klann</i>	Registration No. (Attorney/Agent)	48,155
Name (Print/Type)	Amy G. Klann	Telephone	(212) 527-7692
		Date	April 6, 2006



Application No. (if known): 10/698,855

Attorney Docket No.: 04305/100M237-US1

Certificate of Express Mailing Under 37 CFR 1.10

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on April 6, 2006
Date

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Registration Number, if applicable

Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Amendment in Response to Non-Final Office Action (20 pages)
Fee Transmittal (1 page)
Information Disclosure Statement (2 pages)
Amendment Transmittal (1 page)
IDS (Citation) by Applicant (3 References) (1 page)
Copies of references (86 total pages)
Check in the amount of \$180.00